PREKINDERGARTEN APPLICATION FORM

Child’s Name:                         Date of Birth:
Parent’s Name:                        School:
Home phone:                          Work Phone:

FREE AND REDUCED MEALS FORM IS COMPLETED AND ATTACHED ___Y___ N  Initials _____
INCOME HAS BEEN VERIFIED ___Y___ N  Initials _____

People Living in Your Household:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Earnings from work</th>
<th>Other income</th>
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CASE Number for Food Supplement Program _______________________

Other Information:

1. Does your child have an active IEP or IFSP for special needs?  _____ Y _____ N
   Please check in what area the IEP/IFSP involves.
   ☐ Speech/Articulation  ☐ Hearing Loss
   ☐ Vision Loss         ☐ Physical disabilities
   ☐ Language            ☐ Other ________________________________

2. Does your child have any ongoing, chronic medical conditions?  If so, please explain in detail.

________________________________________________________________________
________________________________________________________________________
3. Has your child participated in any of the following early learning settings within the last 12 months?

☐ HIPPY ☐ Head Start ☐ Even Start
☐ Child Find ☐ Infants and Toddlers ☐ Preschool Special Education

4. Is your child just learning to speak English as a SECOND language other than that spoken at home? _____ Y _____ N. If yes, what language is spoken at home?

_____________________________

Anything else we need to know about your child?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I hereby certify that the information provided on this form is accurate and true to the best of my knowledge. In the event that this information is found to be inaccurate, the child’s placement in the program could be jeopardized.

Parent/Guardian’s Signature _____________________________ Date __________

I authorize the school to contact any referring agency for more information on my child, including but not limited to progress reports, assessment data, or other information that might indicate lack of school readiness in any area.

Parent/Guardian’s Signature _____________________________ Date __________

FOR OFFICE USE ONLY – PLEASE DON’T WRITE BELOW THE LINE

☐ CATEGORY 1 ☐ CATEGORY 2 ☐ CATEGORY 3 ☐ CATEGORY 4
Person making determination _____________________________ Date __________

Notification made _____________________________(Date) INITIALS _____________________________